

FAX COVER SHEET

DATE: January 24, 2001

TO: Examiner Duc Dinh
U.S. Patent & Trademark Office
Group Art Unit: 2674

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FROM: Jim Riegel
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RE: Amendment after Final Rejection and Change of Correspondence
Address
Patent Application No. 09/125,711

Number of pages including cover sheet: 11

Message

**PLEASE DELIVER DIRECTLY TO EXAMINER DUC DINH. DO NOT
PLACE IN THE FILE.**

Examiner Dinh:

Please file the attached amendment and change of address in the
above-identified patent application. I hope to talk with you over the telephone
tomorrow. Thank you.

—Jim Riegel

JAN. 24. 2001 1:50PM

IMMERSION

NO. 713

P. 3

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

T. SHALIT

Application No.: 09/125,711

Filed: March 4, 1999

For: Mouse Device with Tactile Feedback Applied to
Housing (as amended)

Attorney Docket No.: IMM1P094

Examiner: D. Dinh

Group Art Unit: 2674

Date: January 24, 2001

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile
transmitted to the Assistant Commissioner for Patents,
Washington, DC 20231 on January 24, 2001.Signed: 

James R. Riegel

Assistant Commissioner for Patents
Washington, DC 20231

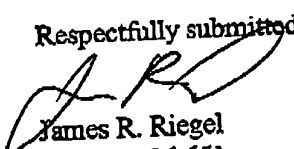
Sir:

Transmitted herewith is an amendment in the above-identified application.
The fee has been calculated as shown below.

	Claims Remaining After Amendment	Highest Previously Paid For	Present Extra	SMALL ENTITY RATE FEE	OR	LARGE ENTITY RATE FEE
TOTAL CLAIMS	<u>37</u> -	<u>37</u>	<u>0</u>	X09 = \$	OR	X18 = \$0.00
INDEP CLAIMS	<u>03</u> -	<u>03</u>	<u>0</u>	X39 = \$	OR	X78 = \$0
			TOTAL	\$		\$0.00

- ☐ Applicant(s) hereby petition for a _____ month(s) extension of time to respond to the Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0384.
- ☐ Enclosed is our Check No. _____ in the amount of \$0.00 to cover the extra claim fee.
- ☒ If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-0384 (Order No. IMM1P094). A copy of this sheet is enclosed.

Respectfully submitted,


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